

pd  
✓

No. \_\_\_\_\_

## RETURN OF A BIRTH.

To the Clerk of the City or Town in which the Birth occurred.

- |  |                |
|--|----------------|
| 1. Date of Birth, . . .                | Jan 12, 1899   |
| 2. Full Name of Child, .               | Philip O'Brien |
| 3. Color, * . . . .                    |                |
| 4. Sex, (and if twin or illegitimate,) | M              |
| 5. Place of Birth, . . .               | Southboro      |
| 6. Name of Father, . .                 | James          |
| 7. Residence, . . . .                  | Southboro      |
| 8. Occupation, . . . .                 | laborer        |
| 9. Birthplace, . . . .                 | Ireland        |
| 10. Name of Mother, . .                |                |
| (Maiden Name,) . .                     | Nora Heary     |
| 11. Residence, . . . .                 | Southboro      |
| 12. Birthplace, . . . .                | Ireland        |

Dated at Southboro, Jan 17 1899

Signature of person }  
making return. }

L O Jones MD

\* If other than White. (A.) African. (M) Mulatto. (I.) Indian. If of other Races, specify what.

Be very particular to fill all Blanks.]

Plate. Ed. December, 1896. — 5,000.





## AN ACT

## IN RELATION TO THE RETURNS OF BIRTHS AND DEATHS.

*Be it enacted, etc., as follows:*

SECTION 1. The clerk or registrar of each city and town shall on the first day of each month make a certified copy of the record of all deaths and births recorded in the books of said city or town during the previous month, whenever the deceased person or the parents of the child born, were resident in any other city or town in this Commonwealth at the time of said death or birth; and shall transmit said certified copies to the clerk or registrar of the city or town in which such deceased person or parents were resident at the time of said death or birth, stating in addition the name of the street and number of the house, if any, where such deceased person or parents so resided, whenever the same can be ascertained; and the clerk or registrar so receiving such certified copies shall record the same in the books kept for recording deaths or births. Such certified copies shall be made upon blanks to be furnished for that purpose by the secretary of the Commonwealth.

SECTION 2. This act shall take effect upon its passage. [Approved April 5, 1889.]

Blank to be used in compliance with the foregoing.

Copy of the Record of a

## BIRTH

recorded in the books of the \_\_\_\_\_ of \_\_\_\_\_

(City or Town.)

during the month of \_\_\_\_\_ 189 .

1. Date of Birth, . . . . .

2. Full Name of Child, \_\_\_\_\_

3. Color, . . . . .

4. Sex (and if twin or illegitimate), \_\_\_\_\_

5. Place of Birth, . . . . .

6. Name of Father, . . . . .

7. Residence, . . . . .

8. Occupation, . . . . .

9. Birthplace, . . . . .

10. Name of Mother, . . . . .

(Maiden name,) . . . . .

11. Residence, . . . . .

12. Birthplace, . . . . .

*As heard March 4/99 - D. J. Trimble M.D.*

I certify that the foregoing is a true copy.

Attest: \_\_\_\_\_



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Blank to be used in compliance with the foregoing.

Copy of the Record of a

## BIRTH

recorded in the books of the \_\_\_\_\_ of \_\_\_\_\_

(City or Town.)

during the month of \_\_\_\_\_ 189 .

1. Date of Birth, . . . . .	Feb 27 / 99
2. Full Name of Child,	John Patrick O'Loughlin
3. Color, . . . . .	White
4. Sex (and if twin or illegitimate),	Male
5. Place of Birth, . . . . .	Fayville
6. Name of Father, . . . . .	James J. O'Loughlin
7. Residence, . . . . .	Fayville
8. Occupation, . . . . .	Employer M. W. W.
9. Birthplace, . . . . .	South Boston
10. Name of Mother, . . . . .	Maria E. O'Loughlin
(Maiden name,) . . . . .	" " Slawin
11. Residence, . . . . .	Fayville
12. Birthplace, . . . . .	Natick Mass

Ashland March 4 / 99 D. J. Tremblay M.D.

I certify that the foregoing is a true copy.

Attest:

Dw

189 .

Clerk.  
(City or Town.)



Commonwealth of Massachusetts.

No. \_\_\_\_\_

**RETURN OF A BIRTH.**

✓ To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of birth, \_\_\_\_\_

March 17/99

Full name of child, \_\_\_\_\_

Mary Ellen Hentz

Sex, \_\_\_\_\_

Female

Color, \_\_\_\_\_

White

Condition (twin, &c.), \_\_\_\_\_

Place of birth, \_\_\_\_\_

Southboro

Residence of parents, \_\_\_\_\_

Southboro

Name of father, \_\_\_\_\_

George Wm Hentz

Occupation of father, \_\_\_\_\_

Farmer

Birthplace of father, \_\_\_\_\_

Plymouth Mass

Maiden name of mother, \_\_\_\_\_

Margaret Mary McDem

Birthplace of mother, \_\_\_\_\_

Boston Mass

Dated at \_\_\_\_\_

Apr. 10

189 .

Signature and residence of  
person making return. { \_\_\_\_\_



Commonwealth of Massachusetts.

No. ....

RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of birth, .....

March 22 / 99

Full name of child, .....

Sylvester Ambrose Kelley

Sex, .....

Male

Color, .....

White

Condition (twin, &c.), .....

Good

Place of birth, .....

Cordaville Mass

Residence of parents, .....

Cordaville Mass

Name of father, .....

Daniel Francis Kelley

Occupation of father, .....

Watchman

Birthplace of father, .....

Hopkinton Mass

Maiden name of mother, .....

Julia M. Calnan

Birthplace of mother, .....

Marlboro Mass

Dated at .....

189 .

Signature and residence of  
person making return. {



Southville Mass.

Baby born in Southville April 3<sup>rd</sup> 1899

Baby's Name, Mark

Father's Name, James O'Brien Born in Southville

Mother's Name, Maggie O'Brien (nee) Varley. R

Born in Yuro, Colchester County, Nova Scotia

Age 30 years

Father's Father's Name, William O'Brien.

Father's Mother's Name, Margaret O'Brien.

Mother's Father's Name, Patrick Varley.

Mother's Mother's Name, Mary Ann Varley.

Mr. 25  
R

Mrs Alex. Velard

Southville  
Mass



(See Description  
#3)

## The Commonwealth of Massachusetts.

No. ....

Amended Record  
RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth, . . . . .

April 20, 1899

Full Name of Child, . . . . .

Joseph Bonoli

Sex, Color and if Twin, . . . . .

Male. 7.

Place of Birth, . . . . .

Seyville, Southboro, Mass.

Full Name of Father, . . . . .

John Bonoli

Maiden Name of Mother, . . . . .

Mary Bonale

Residence of Parents, . . . . .

Southboro, Mass.

Occupation of Father, . . . . .

Laborer

Birthplace of Father, . . . . .

Italy

Birthplace of Mother, . . . . .

Italy

Dated at

Webster, June 13, 1918

Signature and residence

John Bonoli

of person making return.

Worcester, S.S.

June 13, 1918. I here

personally appeared the above named John Bonoli, father of said Joseph Bonoli and made oath that above statement subscribed was true. Before me, John C. [unclear] [unclear]



# Commonwealth of Massachusetts.

Date of Birth,

May 20<sup>th</sup>

1899.

Sex,

Male

Color (if other than white),

Name (if named),

James Appleton Thayer

Place of Birth, No.

St. Mark School

Street

Name of Father,

Wm P. Thayer

Name of Mother,

Violet Thayer

Maiden Name of Mother,

Violet Otis

Residence of Parents, No.

St. Mark School

Street

Occupation of Father,

Teacher

Birthplace of Father,

New York

Birthplace of Mother,

Boston

(Signature),

Ernest Beigelow

Physician.



Commonwealth of Massachusetts.

No.

RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of birth, September 24<sup>th</sup> '99.  
Full name of child, Mary Ellen Carey  
Sex, Female Color, White  
Condition (twin, &c.), Normal  
Place of birth, Fayville  
Residence of parents, Fayville  
Name of father, Wm. H. Carey  
Occupation of father, Laborer  
Birthplace of father, East Cambridge  
Maiden name of mother, Catherine Sullivan  
Birthplace of mother, Ireland  
Dated at Ashland, Oct. 10 — 1899.  
Signature and residence of person making return. { H. C. B. Snow, M.D.  
Ashland, Mass.



Pa 1899 ✓

Commonwealth of Massachusetts.

No. \_\_\_\_\_

RETURN OF A BIRTH.

To the Clerk of the City or Town in which the Birth occurred.

1. Date of Birth, . . . .	Oct. 3, 1899.
2. Full Name of Child, .	Luisefese Mauro
3. Color, * . . . .	Italian
4. Sex, (and if twin or illegitimate,) . . . .	Male
5. Place of Birth, . . . .	Fairville.
6. Name of Father, . . .	Pasquale Mauro.
7. Residence, . . . .	Fairville.
8. Occupation, . . . .	Laborer.
9. Birthplace, . . . .	Salerno, Italy.
10. Name of Mother, . .	Rachele Gorgo Mauro.
(Maiden Name,) . . .	Rachele Gorgo.
11. Residence, . . . .	Fairville.
12. Birthplace, . . . .	Salerno, Italy.

Dated at Fairville, Mass. Oct. 10. 1899.  
Signature of person making return. } Carrie E. Newton, M.D.

\* If other than White. (A.) African. (M) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. December, 1896. — 5,000.





687  
Southville, mass.

Baby Born 7<sup>th</sup> Oct

✓ Margretta O'Donnell

Father name

William O'Donnell

Mother name

Margret O'Donnell

Maiden name

Margret Halley

Parents Born in Ireland

Mrs

Alex Valade

Southville

Mass



Commonwealth of Massachusetts.

No. \_\_\_\_\_

# RETURN OF A BIRTH.

To the Clerk of the City or Town in which the Birth occurred.

1. Date of Birth, . . .	Oct. 10, 1899.
2. Full Name of Child, .	Henri Feloni.
3. Color, * . . . .	Italian.
4. Sex, (and if twin or illegitimate,) . . .	Male
5. Place of Birth, . . .	Fairville.
6. Name of Father, . .	Luigi Feloni.
7. Residence, . . . .	Fairville.
8. Occupation, . . .	Laborer.
9. Birthplace, . . . .	Palma, Italy.
10. Name of Mother, . .	Marietta Feloni.
(Maiden Name,) . .	Marietta Campani.
11. Residence, . . . .	Fairville.
12. Birthplace, . . . .	Palma, Italy.

Dated at Fairville, Mass. 18 99.

Signature of person making return. } Carrie E. Newton, M. D.

\* If other than White. (A.) African. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. December, 1896. — 5,000.



Commonwealth of Massachusetts.

No. ....

RETURN OF A BIRTH.

To the Clerk of the City or Town in which the Birth occurred.

1. Date of Birth, . . .	Oct. 27, 99.
2. Full Name of Child, .	John Joseph Kelley.
3. Color, * . . . .	Irish American
4. Sex, (and if twin or illegitimate,) . . .	Male
5. Place of Birth, . . .	Fairville
6. Name of Father, . .	John James Kelley.
7. Residence, . . .	Fairville
8. Occupation, . . .	Laborer
9. Birthplace, . . .	Queen's County, Ireland.
10. Name of Mother, . .	Alice Kelley.
(Maiden Name,) . .	Alice Badger
11. Residence, . . .	Fairville
12. Birthplace, . . .	Watich.

Dated at Fairville Mass. Dec. 5 1899.

Signature of person making return. } Carrie E Newton, M.D.

\* If other than White. (A.) African. (M) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. December, 1896. — 5,000.



Commonwealth of Massachusetts.

No.

RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of birth,

November 6, 1899

Full name of child,

Anastasia Martin

Sex,

Female

Color,

White

Condition (twin, &c.),

Normal

Place of birth,

Southville

Residence of parents,

Southville

Name of father,

Thomas Martin

Occupation of father,

Laborer

Birthplace of father,

Ireland

Maiden name of mother,

Annie Collins

Birthplace of mother,

Ire.

Dated at

Ashland - Nov. 21- 1899.

Signature and residence of  
person making return.

H. C. B. Snow, M.D.

Ashland, Mass.



Commonwealth of Massachusetts.

No. ....

RETURN OF A BIRTH.

To the Clerk of the City or Town in which the Birth occurred.

1. Date of Birth, . . .	<i>Nov. 12, 1899</i>
2. Full Name of Child, .	
3. Color, * . . . .	
4. Sex, (and if twin or illegitimate,) . . .	<i>M</i>
5. Place of Birth, . . .	<i>Southboro</i>
6. Name of Father, . .	<i>Joseph P. Delaney</i>
7. Residence, . . . .	<i>Southboro</i>
8. Occupation, . . . .	<i>Blacksmith</i>
9. Birthplace, . . . .	<i>Notick</i>
10. Name of Mother, . .	
(Maiden Name,) . .	<i>annie G. Brady</i>
11. Residence, . . . .	<i>Southboro</i>
12. Birthplace, . . . .	<i>Notick</i>

Dated at *Southboro*, *Nov. 15* 1899

Signature of person } *L P Jones M.D.*  
making return. }

\* If other than White. (A.) African. (M) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. December, 1896. — 5,000.



Commonwealth of Massachusetts.

No. \_\_\_\_\_

# RETURN OF A BIRTH.

To the Clerk of the City or Town in which the Birth occurred.

1. Date of Birth, . . . .	Nov. 29, 1899.
2. Full Name of Child, .	Alfredi Utenti
3. Color, * . . . .	Italian
4. Sex, (and if twin or illegitimate,) . . . .	Male
5. Place of Birth, . . . .	Fairville
6. Name of Father, . . .	Egidio Utenti
7. Residence, . . . .	Fairville
8. Occupation, . . . .	Laborer
9. Birthplace, . . . .	Pellecrino, Italy.
10. Name of Mother, . .	Bozia Tella Utenti
(Maiden Name,) . . .	Bozia Tella
11. Residence, . . . .	Fairville
12. Birthplace, . . . .	Pellecrino, Italy.

Dated at Fairville, Mass. Dec. 5 1899.  
 Signature of person making return. } Carrie Newton M.D.

\* If other than White. (A.) African. (M) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. December, 1896. — 5,000.



Commonwealth of Massachusetts.

Date of Birth,

Dec. 26<sup>th</sup>

1899.

Sex,

Male

Color (if other than white),

Name (if named),

Nathaniel Chroate

Place of Birth, No.

Southborough

Street

Name of Father,

Edward C. Chroate

Name of Mother,

Petunia M. Chroate

Maiden Name of Mother,

Petunia M. McNeal

Residence of Parents, No.

Southborough

Street

Occupation of Father,

Farmer

Birthplace of Father,

Cambridge.

Birthplace of Mother,

Maine.

(Signature),

Art H. Beclow

Physician.